COUNTY OF LOS ANGELES

SHERIFF'S DEPARTMENT

DATE:

September 15, 2005

OFFICE CORRESPONDENCE

FILE:

FROM:

JOHNNY G. JURADO, COMMANDER LEADERSHIP & TRAINING DIVISION

TO:

MARILYN E. BAKER, CAPTAIN EAST LOS ANGELES STATION

SUBJECT:

EXECUTIVE FORCE REVIEW COMMITTEE FINDINGS AND RECOMMENDATIONS NON-HIT SHOOTING, JANUARY 23, 2005, REVIEW #2137568/2137560

The purpose of this memo is to notify you of the review committee's findings and recommendations concerning the use of force incident which occurred on January 23, 2005.

The Committee met on September 15, 2005 and consisted of myself and Commanders Robert Binkley (FOR III), Kenneth Brazile (Commander of the Department), and Eric Smith (Leadership and Training Division). The Committee determined the use of force by Deputies Hugo Ramos # was within Department policy.

Please advise the sergeant and deputies of this finding.

JGJ:MAH:mh

Los Angeles County Sheriff's Department Supervisor's Report on Use of Force Page 1 of 4

		Inci	ident lı	nformation								
URN:	405-00899-	-0281-055		Date:	01/23/05			Time:		2320 h	rs.	
Location:	Floral Drive east of Mc Donnell Ave., East Los Angeles											
City or Station: East Los Angeles												
Bureau/Station	/Facility:	s Ange	les Station	Chr. Chr. Chr.	A	dmin. lı	nvestigatio	on: Y	ES 🗌	ио⊠		
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Supervisor Cor	Print)	y L. Ney				Emp #:						
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Unit Command	ers Signature:	woode to work to the transfer									-	
	TD Use Debi	1										

See Reverse

Original: Unit Commander Copy: P.S.T.D.Headquarters,

Employee

FO#2137560

Supervisor's Report on Use of Force

405-00899-0281-055

URN:

Method (AW) Arwen (FH) Firearm (Handgun) (PO) Personal Weapon (Other) (BC) Baton: (Control) (FR) Firearm (Rifle) (RS) Resistance (BI) (FS) Firearm (Shotgun) (CN) Restraint Device (Capture Net) Baton: (Impact) (FO) Firearm (Other) (RH) Restraint Device (Handcuffs) (BF) Bodily Fluids (HB) Restraint Device: Hobble (Legs Only) (FB) Flashbang (CN) Canine (TP) Restraint Device: Hobble (TARP) (FL) Flashlight (CR) Carotid Restraint (OE) Other Weapon: Edged (RE) Restraint Device: REACT Belt (CH) Choke Hold (OV) Other Weapon: Vehicle (SP) Sap (CT) Control Holds: (Control Techniques) (OB) Other Weapon: Blunt Object (SH) Shield (TT) Control Holds: (Team Takedown) (SG) 37mm Stinger (TD) Control Holds: (Takedown) (OO) Other Weapon: Other (SB) Sting Ball (PK) Personal Weapon: Feet/Leg: (Kick) (CE) Chemical (ST) Stun Bag (PS) Personal Weapon: Feet/Leg: (Sweep) (OC) Chemical Agents (OC Spray)

Type of Injury						Body Part Injured					
(AB) Abrasion (BR) Bruise (BU) Burn (CP) Complaint of Pain (CO) Concussion (DH) Death (DI) Dislocation	(GS) (HB) (LC) (ND)	Dog Bite Fractures Gunshot Human Bite Lacerations Nerve Damage Organ Damage	(SD) (ST) (UN) (RM)	Paralysis Puncture Wound Soft Tissue Damage Sprain/Twists Unconscious Refused Med Treatment NONE	(AD)	Abdomen Ankle Arm Back Buttocks Chest Elbow	(FA) (FE) (FI) (GE) (GR) (HD)	Face Feet Fingers Genitals Groin Hands Head	(H) (IN) (KN) (NK) (NK) (SH) (WR)	Hip Internal Knees Leg Neck Nose Shoulder Wrist	

(PH) Personal Weapon (Hand/Arm)

(PP) Personal Weapon (Push)

FORCE APPLIED

(TG) Chemical Agents (Tear Gas)

(EX) Explosives

(Only One Code Per Block)

(TR) Taser

(UC) Uncooperative

Page 2 of 4

PUNCE AFFLIED		(<u>Only One Odde i ci Diock)</u>						
Used By (E# or S#)	Used Against (E# or S#)	Method (Code)	Type of Injury (Code)	Body Part (Code)				
E#1	S#1	FH	NN					
E#1	S#1	TD	NN					
S#1	E#1	FH	NN					
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Supervisor's Report on Use of Force INVOLV DEMPLOYEE INFORMATION

	URN: 405	-00899-02			Page <u>3</u> of <u>4</u>		
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E1	Employee# La	st Name	Ramos	First	Name	Hugo	Middle Name F.
Marin Company	Sex:	Unit of Assignment:		Work	Assignmen	it (Unit #, Module, etc.):	
	Male Female	H.	East Los Angel	es Station		1 21/ EM	
	Shift: ☑ EM ☐ Day ☐ PM	n 🛛 R	egular Shift 🗌 OT Shift	Off Duty	Age:	Height: 507	Weight: 165
	Medical Exam/Treatment	☐ If Ad Hosp	mitted, Name of pital:		Coron	er Case #	Directed Force Significant Force
E_	Employee # La	st Name		First	Name		Middle Name
£	Sex: Male Female	Race:	Unit of Assignment:		Work		it (Unit #, Module, etc.):
	Shift: ☐ EM ☐ Day ☐ PM	ı □ R∈	egular Shift 🔲 OT Shift	Off Duty	Age:	Height:	Weight:
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E	Sex: Male Female Shift: Day PM	Race:	Unit of Assignment:			Assignmen	Middle Name nt (Unit #, Module, etc.): Weight:
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Supervior's Report on Use of Fore SUSPECT INFORMATION

URN: 405-00899-0281-055

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S <u>1</u>	Last Name	Rodriguez		irst Name Serg		10	ile Nai	1414114					
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,	Under Influence:	Substance			Photos	of Suspect's Inju	ıries	YES	□ NO				
			S	uspect Int	erview								
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			Susp	ect Infor	mation								
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L	AKA Last Name			First Nar	ne	N	1iddle	Name					
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	Work Phone:	Home Pho	one:	Age:	Height:	D.O.B.	٧	Veight:	Armed?				
	Booking #:	king #: Primary Charge:			Secondary Charge: Criminal History								
	Hospital Admission?					Coroner Case#: Mental History							
	Under Influence:	Substance):	Photos of Suspect's Injuries YES NO									
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